

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Jason Cerrano	:	
		:	
		:	Group No.: 3725
Serial No.:	10/820,323	:	
		:	Examiner: Wolfe, Debra M.
Filed:	April 4, 2008	:	
		:	
For:	METHODS AND	:	
	APPARATUS FOR	:	
	PERFORMING EMERGENCY	:	
	EXTRICATIONS	:	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pages)
Amendment Response to Office Action dated September 5, 2007 (9 pages)

STATUS

2. Applicant
☒ claims small entity status.
☐ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) X Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<u> X </u> first month	\$ 120.00	\$ 60.00
<u> </u> second month	\$ 460.00	\$ 230.00
<u> </u> third month	\$ 1,050.00	\$ 525.00
<u> </u> fourth month	\$ 1,640.00	\$ 820.00
<u> </u> fifth month	\$ 2,230.00	\$1,115.00

Fee: \$60.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

 An extension of months has already been secured. The fee paid therefore \$ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

- (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
		MINUS		=	x \$25.00 = \$		x \$50.00 = \$
TOTAL INDEP.		MINUS		=	x \$105.00 = \$		x \$210.00 = \$
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$185.00 = \$		+ \$370.00 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a) ☒ No additional fee for Claims is required

OR

(b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$_____

☒ Charge Deposit Account No. 01-2384 the sum of \$60.00.
A duplicate of this transmittal is attached.

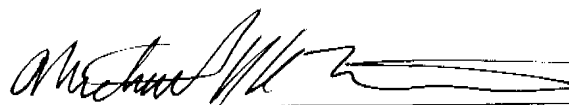
FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. ☐ Other:



Michael J. A. Leinauer
Reg. No. 55,795
ARMSTRONG TEASDALE LLP
One Metropolitan Square, Suite 2600
St. Louis, MO 63102
314-621-5070